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13. SUPPLEMENTARY NOTES				
14. ABSTRACT Background/Rationale: This research addresses DoD and DVA health care delivery needs of two priority populations: women exposed to combat, and women sexually assaulted during military. There is a limited understanding of the complex relationship between these: traumatic exposures and women's health outcomes such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) and with their subsequent health service use or barriers to care. Objective(s): The objectives of this study focus on identification of the antecedent risks for and consequent health outcomes of traumatic exposures (assault, combat) and barriers to DoD, VA and civilian health care for Regular Military (RM) servicewomen. We also seek to identify differences in these outcomes between RM and Reserve and National Guard (R/NG) servicewomen interviewed in our concurrent VA study. Methods: This study has a cross sectional study design with two sequential phases. Phase 1 will include focus groups to refine study questions specific to RM service women. Phase 2 will involve telephone interviews of 769 RM service women. Findings: We have completed two focus groups with US Military Academy trained officers. We have obtained a refusal from one and approval from two base commanders to perform focus groups. We are continuing requests for focus groups at remaining study bases. Impact: There will be significant implication for DoD and DVA policy and resource allocation if we find identifiable risk or protective factors associated with deployed RM service women's violence exposures, and/or an association between deployed women's military response to their traumatic exposure(s) and their current health status and access to care.				
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INTRODUCTION

The primary goals of this study are to identify the antecedent risks and subsequent health consequences of physical and sexual assault (victimization) in active duty Regular Military (RM) OEF/OIF service women. Specifically, we will compare victimization and other endpoints (e.g.. post-traumatic stress disorder, traumatic brain injury) in four subgroups: 1) women deployed to combat related regions once; 2) women deployed to combat related regions more than once, 3) women deployed to non-combat regions outside of the United States (US); and 4) women never deployed outside of the US. Combat regions will be identified to include Iraq and Afghanistan.

This study will involve two sequential phases. ***Phase 1*** will refine the subject interview and will involve: 1) formative focus groups with segregated male and female populations to generate risk factors and trauma outcomes; and 2) refinement of the scripted interview. ***Phase 2*** will involve a cross-sectional study design using stratified random sampling enrolling 764 RM women to identify comparison groups of veterans and active duty service members by deployment status. One hundred United States Military Academy trained officers will be included in this sample to address officer risk and resiliency factors heretofore unstudied. Phase 2 data will be collected by computer-assisted telephone interview (CATI). This cross-sectional design allows us to gather subject information on a single occasion and demonstrate associations that may provide early clues to risk factors for and health outcomes of violence exposures.

BODY

A Certificate of Confidentiality was received from NIH for this study in August 2008.

HRPO communicated to the research team that base commander letters of approval are required prior to implementation of focus groups associated with identified study bases 9/10/08.

A successful modification to the original grant was submitted to DoD to include two additional focus groups of United States Armed Forces Academy trained officers. The modification was approved 10/17/08 and upon submission to and receipt of IRB and HRPO approval, these groups were conducted at the Academy Women's Annual Symposium in Arlington, Virginia, October 17-19, 2008. Two focus groups were held with a total of fifteen Academy trained female officer participants. Focus group proceedings were taped per IRB and HRPO approved protocol, and tapes were transcribed for analysis. The research team has developed a coding dictionary of relevant themes. The transcripts have been coded and entered into NVivo 8.0 to manage and analyze data.

Per HRPO request, an additional modification to the grant was submitted to our IRB 11/10/09 to meet HRPO specification for this grant, and that modification was approved

on 1/13/09. This modification and the approvals were sent to HRPO and we currently have HRPO approval to initiate groups with the two approved sites (Offutt USAF Base, Nebraska; McConnell USAFB, Kansas). We have a definite base commander refusal at Fort Riley Army Base, Kansas. Remaining sites that we are in routine contact with include Fort Leavenworth Army Base, Kansas; Whiteman USAF Base, Missouri; Fort Leonard Wood, Missouri; and Scott USAFB in Illinois.

We have begun the Phase One focus group process for the two bases where we have approval (Offutt and McConnell). This process involves setting a date for the groups, securing an appropriate meeting site, DMDC liaison to secure the appropriate sample of potential participants, and recruitment of potential focus group participants. We plan to conduct 3 groups per site (one with Enlisted women, one with female Officers and one with male service members). Upon completion of these groups, focus groups proceedings will be transcribed and coded for analysis.

The current and ongoing problem impeding performance is an inability to efficiently receive letters of support from base commanders of identified study bases in order to complete all phase one focus groups for our study.

Corrective action that we continue to take is positive and frequent interactions with the Public Affairs Officers (PAOs) and other identified intermediaries to secure letters of support from base commanders, as required by HRPO.

We will continue with our efforts to attempt to secure letters of support from the remaining four bases. Upon receipt of those letters, we will initiate the same phase one process with the remaining bases (pending HRPO approval for each base as the letters are received). Our goal is to have all groups completed no later than October 31, 2009. By the middle of August, if we have not received approval from any more of the base commanders, we will request permission to complete all intended focus groups at those sites where we do have approval.

KEY RESEARCH ACCOMPLISHMENTS

- Certificate of Confidentiality received from NIH for this study August 2008.
- Completion of two focus groups with United States Armed Forces Academy trained officers October 18th and 19th, 2008. These focus groups have been transcribed and thematically coded.
- Letters of support received from base commanders at two of the seven bases identified in our study cohort (Offutt Air Force Base (AFB), and McConnell AFB)
- The PAO from Fort Leonard Wood indicated in e-mail correspondence 7/9/09 that base commander approval letter is in preparation and forthcoming.

- We received HIRPO approval June 9th, 2009 to undertake Phase One of this study with service persons from those bases where we have the commander's approval. HRPO staff has also reported a willingness to work promptly with us when other base commander approvals are obtained.
- We have initiated preparation to conduct phase one focus groups where we do have base commander approval with an anticipated completion date of October 31, 2009.
- We are in bi-weekly contact with contacts at the remaining three bases in our attempts to secure these letters.
- As this study builds on ongoing VA HSR&D funded research, we have already developed and programmed the majority of the computer-assisted telephone interview to be used in this DoD study. We are additionally in the process of developing officer and leadership questions based on academy trained officer qualitative data thus far.

REPORTABLE OUTCOMES

There are no reportable outcomes at this time.

CONCLUSIONS

We are poised to initiate phase two of this study following completion of focus groups at military bases where we do have base commander approval by October 31, 2009.

REFERENCES

None

APPENDICES

None